Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

| Establishment Name PAPA JOHN'S PIZZA #3 (NEW ALBANY) | | | | | | Est | Telephone Number 845-582-0968 | Date of Inspection | ID# | |
|---|--|----|---|---|-----------------------|-----------------|--|--------------------------|---------------------|--|
| Address 2767 CHARLESTOWN ROAD, NEW ALBANY IN 47150 | | | | | | Ow | Own 812-207-0875 | 06/01/2022 | | |
| Owner | | | | | | | PurposeRoutine | Follow Up | Released 06/02/2022 | |
| Owner's Address | | | | | | | Follow-up Complaint | | • | |
| Person in Charge ANYA PARTINGTON | | | | | | | Pre-Operational | | | |
| Responsible Person's Email | | | | | | | Temporary HACCP | Menu Type 1 2 <u>X</u> 3 | 4 5 | |
| LYDIA_WOLFE@PAPAJOHNS.COM Certified Food Handler DANILLE YURT | | | | | | | X Other (list) | | | |
| | | | | AND NARRATIVE COLUMN NS ARE DENOTED IN THE | | AND IN THE N | VARRAIVE COLUMN MARKED AS "R" | | | |
| Section # | С | NC | R | Narrative | | To Be Corrected | | | | |
| 109 | fire using water. Upon entering the building I observed dust, debris throughout and wet floors throughout. Establishment must close and remain closed until the Health Department can reinspect. | | | | | | | | | |
| 430 | | X | | boxes, ect. must Observed damag repaired before i | eopening | | | | | |
| 431 | | X | | | oors, dust and debris | before r | before reopening | | | |
| | | | | | | | | | | |
| Summary of Vi | iolations | (| - | 2 NC | 2 R 0 | _ | | | | |
| Received by (name and title printed): | | | | | | | Inspected by (name and title printed): Thomas Snider CFS | | | |
| Received by (signature): | | | | | | | Inspected by (signature): | | | |
| cc: | | | | | cc: | | | ce: | | |